

Express Mail Label No.: 11846889US

Date of Deposit: March 27, 2001

Attorney Docket No. 18989-009

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

FIRST-NAMED INVENTOR OR Mitchell S. Albert, et al
APPLICATION IDENTIFIER:

FOR: LOW-FIELD MRI

March 27, 2001
Boston, Massachusetts

Box PATENT APPLICATION
Assistant Commissioner for Patents
Washington, D.C. 20231

REQUEST FOR FILING A NEW NONPROVISIONAL APPLICATION
UNDER 37 C.F.R. §1.53(b)

1. This is a request for filing a new nonprovisional application under 37 C.F.R. §1.53(b).
2. ☒ Specification and Drawings (Total pages: 66);
Specification (43 pages); Claims (8 pages); Abstract (1 page); application cover
sheet (1 page); and
Drawings: 13 sheets; FIGS. 1-16.
☐ Formal
☒ Informal
3. ☒ Two (2) Declaration and Power of Attorney forms
☐ Unsigned
☒ Signed
4. ☐ Information Disclosure Statement (IDS)
☐ Copy of IDS and PTO-1449 (___ pages)
☐ Copies of references cited
5. ☐ Assignment Papers
☐ Recordation Form Cover Sheet (PTO-1595)
☐ Assignment Document
6. ☒ Statement Claiming Small Entity Status
☐ Claiming Small Entity As Independent Inventor (37 C.F.R. §§1.9(f) & 1.27(b)).
☒ Claiming Small Entity As Small Business Concern (37 C.F.R. §§1.9(f) & 1.27(c)).
☐ Claiming Small Entity As Nonprofit Organization (37 C.F.R. §§1.9(f) & 1.27(d)).

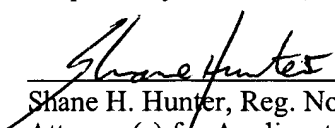
FIRST-NAMED INVENTOR OR **Mitchell S. Albert, et al.**
APPLICATION IDENTIFIER:
Request for New Nonprovisional Application (37 C.F.R. §1.53(b))

7. Fee Calculation

| CLAIMS AS FILED | | | | | |
|--|-----------------|------------------------|-----------------|----------|--|
| Claims | Number Filed | Basic Fee Allowance | Number Extra | Rate | Basic Fee 37 C.F.R. 1.16(a) \$710.00 |
| Total Claims (37 C.F.R. 1.16(c)) | 40 | - 20 = | 20 | \$ 18.00 | 360.00 |
| Independent Claims (37 C.F.R. 1.16(b)) | 4 | - 3 = | 1 | \$80.00 | 80.00 |
| Multiple Dependent Claim(s), if any (37 C.F.R. 1.16(d)) | | | | \$270.00 | 0 |
| SUBTOTAL: | | | | | \$1,150.00 |
| Reduction by 50% for filing by small entity: | | | | | - \$575.00 |
| TOTAL FEE: | | | | | \$575.00 |

8. ☒ A check in the amount of **\$575.00** is enclosed.
9. ☒ The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 50-0311, Ref. No. 18989-009:
- ☒ Fees required under 37 C.F.R. §1.16;
- ☒ Fees required under 37 C.F.R. §1.17;
- ☒ Fees required under 37 C.F.R. §1.18.
10. ☒ Return Receipt Postcard Enclosed.
11. ☐ Other Documents Enclosed:

Respectfully submitted,


Shane H. Hunter, Reg. No. 41,858
Attorney(s) for Applicants
MINTZ, LEVIN, COHN, FERRIS,
GLOVSKY and POPEO, P.C.
One Financial Center
Boston, Massachusetts 02111
Tel: (617) 542-6000
Fax: (617) 542-2241

Dated: March 27, 2001

TRADOCS:1454216.1(V62W01!.DOC)